Effective October 1, 2001 10/009 97 9												79	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN			1
TOTAL CLAIMS			. :				P/	TE	FEE	7	RATE	FEE	┨
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FE	E		BASIC FEI		1
TOTAL CHARGEABLE CLAIMS			\ \ \ minus 20=		•		XS	9=		OR		1990	
INDEPENDENT CLAIMS			minus 3 =		•			20	 		X84=	 -	1
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT							OR			ł
* If the difference in column 1 is less than zero, enter "0" in column 2								i0= 	ļ	OR	+280=	52/1	
CLAIMS AS AMENDED - PART II							TO	TAL	L	JOR		X4]	4
12 17[0] (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR		THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	000
	Total	. 14	Minus	# Z	2		X\$	9=		OR	X\$18=		EST
	independent	• 2	Minus	444	3	• `	X4:	2=		OR	X84=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								O=.		OR	+280=		AVAILABLE
	i 1 ,						10	TAL			TOTAL	• • • • • • • • • • • • • • • • • • • •	E
7	18/04	(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT.	FEE	<u> </u>	Į • · · · /	ADDIT. FEE		6
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	E COr
NO.	Total	• 15	Minus	** 20		<u> </u>	XS)=		OR	'X\$18=	~	Y
AME	Independent	• 3	Minus	tts 2		•	X42	2	_	OR	X86		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_	OR	+280=	_	
	1-5-03	,		:		•	ADDIT.	TAL		UB L	TOTAL VODIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	A0011.	lui I			WOII. PEC		
AMENDMENTC	Palletin Halando	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- /5	Minus	- 2	0	. —	X\$ 9	=		OR	X\$18=		
	Independent		Minus	*** 2		-=	X42	_		OR	X84=		•
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."													
	The "Highest Num	ber Previously Paid					ound in th	app	ropriate box	in colu		40.045005	

. uplication or Docket Number